

# **Military Service by Transgender Persons and Persons with Gender Dysphoria**

## *Fact Sheet for: Service Members*

### **Things to Know:**

- The new Department of Defense policy with respect to *Military Service by Transgender Persons and Persons with Gender Dysphoria* is effective April 12, 2019.
- All persons will continue to be treated with dignity and respect.
- No individual may be discharged solely on the basis of his or her gender identity.
- This new policy is NOT a ban on transgender individuals serving in the military.
- There are many transgender Service members serving today with honor and distinction according to their biological sex standards. Nothing in the new policy will prevent transgender persons who meet all standards from serving.
- All Service members, except those who are exempt, must adhere to the standards associated with their biological sex (e.g., medical fitness, physical fitness, body fat, and uniform and grooming). The new policy does not require transgender Service members to conceal their gender identity. So long as transgender persons, even those with a diagnosis or history of gender dysphoria, are willing and able to adhere to all military standards, including the sex-based standards associated with their biological sex, and do not seek gender transition treatment, they may continue to serve.
- Service members with a diagnosis of gender dysphoria received or confirmed by a military medical provider prior to April 12, 2019 are EXEMPT from the new policy and will be governed by the previous policy and standards.
- Service members with a diagnosis of gender dysphoria received or confirmed by a military medical provider after April 12, 2019 must be evaluated to determine if their medical diagnosis is compatible with continued service.
- All Service members will use the berthing, bathroom, and shower facilities associated with their gender marker in DEERS.

FOR A COPY OF DIRECTIVE-TYPE MEMORANDUM 19-004, GO TO:  
[HTTPS://WWW.ESD.WHS.MIL/DD/](https://www.esd.whs.mil/DD/)

FOR ADDITIONAL QUESTIONS: CONSULT YOUR CHAIN OF COMMAND AND/OR YOUR  
SERVICE CENTRAL COORDINATION CELL

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This chart shows the differences between the Defense Department's 2016 transgender policy and the 2018 update to that policy.

## Service Members

### Transgender with No Diagnosis or History of Gender Dysphoria

Pre-2016	2016	2018
Generally disqualified	May serve in biological sex	May serve in biological sex

### Service Member with Diagnosis of Gender Dysphoria

Pre-2016	2016	2018
Generally disqualified	May serve in preferred gender, upon completing transition	Unless exempt, may serve in preferred gender, or unless exempt, may serve in biological sex; separation procedures may apply

## New Applicants

### Transgender with No Diagnosis or History of Gender Dysphoria

Pre-2016	2016	2018
Generally disqualified	May serve in biological sex	May serve in biological sex

### Applicant with Diagnosis or History of Gender Dysphoria

Pre-2016	2016	2018
Generally disqualified	Presumptively disqualified unless stable for 18 months in preferred gender or biological sex	Presumptively disqualified unless stable for 36 months and willing and able to serve in biological sex

### Applicant with History of Medical Transition Treatment \*

Pre-2016	2016	2018
Generally disqualified	Presumptively disqualified unless stable for 18 months in preferred gender or biological sex	Presumptively disqualified



#### Gender Dysphoria

A marked incongruence between one's experienced/expressed gender and assigned gender. Associated with clinically significant distress and impairment of functioning.



#### Biological Sex

A person's biological status as male or female, based on chromosomes, gonads, hormones, and genitals.



#### Exempt Persons

Service members who joined the military in the United States and were diagnosed with gender dysphoria before the 2018 policy took effect are exempt.



#### Waivers

Military services may grant waivers on a case-by-case basis.



\* Medical Transition Treatment: Cross-sex hormone therapy, or sex reassignment

THIS GRAPHIC REPRESENTATION MAY NOT REPRESENT ALL CASES OR CIRCUMSTANCES.

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### **Frequently Asked Questions**

#### **Q: I've been openly serving under the previous policy--does this apply to me?**

**A:** Service members who accessed in their preferred gender or who received a diagnosis of gender dysphoria from, or had such diagnosis confirmed by, a military medical provider prior to the effective date of the new policy are exempt from the new policy. Exempt Service members may continue to receive all medically necessary treatment, as defined in DoDI 1300.28, to protect the health of the individual, obtain a gender marker change in the Defense Enrollment Eligibility Reporting System (DEERS) in accordance with DoDI 1300.28, and serve in their preferred gender.

It is important to note that a Service member's exempt status cannot be revoked and the member cannot be separated, discharged, or denied reenlistment or continuation of service solely on the basis of his or her gender identity. However, a Service member whose ability to serve is adversely affected by a medical condition or medical treatment related to his or her gender identity or gender transition shall be treated, for purposes of separation and retention, in a manner consistent with a Service member whose ability to serve is similarly affected for reasons unrelated to gender identity or gender transition.

#### **Q: Will transgender Service members who are no longer serving in their biological sex now be separated?**

**A:** Like the 2016 policy, the updated policy only applies to the subset of transgender individuals who have been diagnosed with gender dysphoria by a military medical provider. The new policy exempts all Service members who entered the military in their preferred gender or were diagnosed with gender dysphoria by a military medical provider (or whose diagnosis was confirmed by a military medical provider), prior to the effective date of the new policy. These exempt Service members may pursue gender transition, obtain a gender marker change for official records and recognition, and serve in their preferred gender, even after the new policy takes effect.

#### **Q: What if a Service member with gender dysphoria is exempt from the new policy and is undergoing gender transition but does not meet retention standards (e.g., >12 consecutive months non-deployable)? Will he or she be subject to separation?**

**A:** Any Service member not meeting retention standards for any reason can be subject to referral into the Disability Evaluation System (DES) in accordance with DoD Instruction (DoDI) 1332.18 or initiation of processing for administrative separation in accordance with DoDI 1332.14 or DoDI 1332.30.

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**Q: Is this like “Don’t Ask, Don’t Tell” in which Service members must hide their identity in order to continue serving?**

**A:** No. “Don’t Ask, Don’t Tell” was not based on a medical condition. It barred people from military service solely because of their same-sex conduct. Sexual orientation is not associated with a medical condition and does not require medical treatment or accommodation. The new policy, by contrast, turns on a recognized medical condition--gender dysphoria--and the medical treatment associated with such condition.

The new policy, like the 2016 policy, prohibits denying entry to the military or involuntary discharge from the military solely on account of gender identity. So long as transgender persons, like all other persons, are willing and able to adhere to all military standards, including the sex-based standards associated with their biological sex, and have met all applicable medical requirements, they may serve.

**Q: What does it mean for a transgender individual to “serve in their biological sex”?**

**A:** All Service members must adhere to the standards, requirements, and policies associated with their biological sex (e.g., medical fitness for duty, physical fitness and body fat standards; berthing, bathroom, and shower facilities; and uniform and grooming standards). DTM 19-004 defines biological sex as a person’s biological status as male or female based on chromosomes, gonads, hormones, and genitals.

**Q: What’s the big difference in this policy?**

**A:** Under the 2016 policy and the new policy, all individuals without a diagnosis or history of gender dysphoria are required to meet the standards, requirements, and policies associated with their biological sex (e.g., height-weight standards, physical fitness standards, uniform and grooming standards, and requirements regarding berthing, bathroom, and shower facilities), whereas individuals with a history of gender dysphoria are presumptively disqualified.

The two policies differ in their exceptions to this disqualification. Under the new policy’s accession standards, individuals with a history of gender dysphoria are permitted to join the military if they have not undergone gender transition or seek to do so, are willing and able to serve in their biological sex, and can show 36 months of stability (e.g., absence of gender dysphoria) before joining the military (in contrast to the 18 months of stability required under the 2016 policy). This aligns the stability period for gender dysphoria with the stability period for major depressive disorder and anxiety disorder. Under the new policy’s retention standards, Service members who are diagnosed with gender dysphoria after entering service would be permitted to continue serving if they do not seek to undergo gender transition and are willing and able to serve, like all other Service members, in their biological sex. The 2016 policy, by

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contrast, allows special accommodations so that persons with gender dysphoria may serve according to their preferred gender, whereas the new policy generally does not. The 2018 policy does exempt from its requirements persons who entered the military in their preferred gender or who were diagnosed with gender dysphoria by a military medical provider (or had such diagnosis confirmed by a military medical provider), prior to the effective date of the new policy.

These exempt persons may obtain medically necessary care, change their gender marker in DEERS, and serve in their preferred gender.

#### **Q: What is the reasoning behind the change in policy?**

**A:** The updated policy represents the Department's best military judgment based on a thorough and extensive review of all available data, having weighed the risks associated with maintaining the previous policy against the costs of adopting a new policy that is less risk-favoring. A detailed explanation of the basis for the new policy is set forth in the Department of Defense Report and Recommendations on Military Service by Transgender Persons (February 2018).

#### **Q: If gender transition will alleviate gender dysphoria, why isn't treatment and transition an approved solution?**

**A:** There remains considerable scientific uncertainty about the extent to which gender transition treatment fully remedies all issues associated with gender dysphoria. Gender dysphoria often requires significant medical treatment ranging from cross-sex hormone therapy to sex reassignment surgery. The range of treatment options, the indefinite length of treatment, the various comorbidities that may occur, and the success of the treatment options are highly individualistic. The military is focused on worldwide deployability, combat readiness, and lethality. Special accommodations for medical conditions requiring sustained medical intervention impair deployability, unit readiness, and combat effectiveness.

#### **Q: What if I am diagnosed with gender dysphoria after this policy takes effect?**

**A:** This depends on the Service member's circumstances. Every individual diagnosed with gender dysphoria after the effective date of the updated policy will be evaluated for retention purposes in accordance with all appropriate medical and administrative policies. This is the same for any Service member whose ability to serve is similarly affected by a medical condition.

#### **Q: If I am diagnosed with gender dysphoria after this policy takes effect, is my medical or mental health provider obligated to report me to my command?**

**A:** Service members are generally entitled to confidential mental health assessment and treatment. Only under certain circumstances is a medical or mental health provider obligated to report a mental health condition to a Service member's command. For example, a medical or mental health provider must provide command notification if the member presents a risk of harm

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to self or others. As long as the Service member is willing and able to adhere to the standards associated with his or her biological sex and has no other serious mental health condition, there would be no need for a medical or mental health provider to notify the Service member's command. Should the Service member need to undergo gender transition medical care to protect his or her health, then in accordance with DoDI 1300.28, the Service member must provide his or her transition care plan with his or her Commander in consultation with the military medical provider. As with all disqualifying medical conditions, a Service member whose ability to serve is adversely affected by a diagnosis of gender dysphoria or by medical treatment for gender dysphoria shall be treated, for purposes of separation and retention, in a manner consistent with a Service member whose ability to serve is similarly affected for reasons unrelated to gender dysphoria.